

West Virginia Commission to Study Residential Placement of Children Summary Notes

Group Meeting: Quarterly Commission Meeting

Meeting Date: June 5, 2014

Location: Genesis Youth Center, Clarksburg, WV

Members Present: Cabinet Secretary Karen Bowling; Stephanie Bond; Cindy Largent-Hill (representing Steve Canterbury); Sue Hage; Susan Fry; Sheila Paitzel (representing Pat Homberg); Honorable Gary Johnson; Jackie Payne (representing Vickie Jones); Rhonda McCormick; Charles K. Heinlein (representing Dr. James B. Phares); Nikki Tennis; Steve Tuck; and Jacob Green.

Members Absent: Commissioner Nancy Exline; Mike Lacy; Honorable Jack Alsop; Nancy Atkins; Honorable Scott Elswick; Andrea Darr (representing Philip W. Morrison II); Honorable Davis Hummel, Jr.; Honorable Philip M. Stowers; and Christina Mullins (representing Letitia Tierney).

Guests Present: Debi Gillespie; Patrick Varah; Brandi Robinson; Heather Collins; Philip M. Wright; Joanne Dobrzanski; Michael Smith; Tricia Kingery; Angie Hamilton; Raymona Preston; Tara Stevens; Patty Vincent; Tanny O'Connell; Danielle Lowe; Keith King; Michele Sigler; Erica Hardesty; Mark Allen; and Charles Batch

Administrative Assistance: Linda Dalyai (WV DHHR, BCF)

Commission's Public Listening Session

Key Decisions/Actions

Opening.

Cabinet Secretary Karen Bowling, chair of the Commission, welcomed members and guests.

Secretary Bowling explained that this meeting was one of the four meetings at a location outside of Charleston where the other three meetings take place. This meeting is referred to as the "community" meeting and provides the Commission members with an opportunity to learn about the programs and services across the state.

Matt Rudder, CEO of Genesis Youth Center, provided the history of Genesis Youth Crisis Center, Inc. and how shelters fit into the continuum of care.

Genesis started out at Glenn Elk with an orphanage. In 1999, they opened Altra-vista Shelter. This facility has the capacity for 10 youth and serves children 6 to 14 years old. In 2010, Genesis Youth Center was opened and in 2012, the gymnasium was complete. Genesis is located on 40 acres with nature trails and other activities for youth.

When possible and appropriate, the Comprehensive Assessment and Planning System (CAPS) model is used.

The average length of stay is 6 months to a year.

Children attend public schools with staff from Genesis at the schools. High School students attend the Robert C. Byrd High School.

Throughout the state, truancy is a big issue. Genesis helps youth deal with these issues by making education a privilege.

Genesis partners with other shelters in the community.

The Genesis Foster Care program is new and was conceived to promote permanency.

A concern for emergency shelters is children being placed out-of-state after being in their shelters for months. Mr. Rudder said the shelters feel that if a

<p>child can be maintained in their shelters for months, then they should not be “up-placed” into the much higher level of care of PRTF (Psychiatric Residential Treatment Facility). They feel they can be maintained in a placement in West Virginia.</p> <p>Discussion:</p> <p>A unique thing Genesis is doing to prevent youth from running from the shelter is the use of “delayed egress.” Delayed egress is a mechanism on the doors that allow it to stay locked for 15 seconds and sounding an alarm. Delayed egress allows staff to get to the students and talk with them. Mr. Rudder stated that many times a youth runs immediately after a crisis, and the delayed egress allows the staff to talk with them about that crisis.</p> <p>Genesis is at capacity. One reason for this is due to the truancy issue and Judges sending a youth to a shelter to wait for another placement.</p> <p>Genesis and other shelters are seeing younger children coming into shelter care because they need a higher level of care. When young children have had multiple placements, it is often due to the inability of the family to meet the child’s needs. We need to re-think our assessments of these children and what services are offered to their families.</p> <p>The state is looking at a true continuum (levels of care) with a true treatment foster care model. We need children to have the “right place, at the right time, with the right amount of services.” The model needs to include all systems and blending funding resources to be cost effective.</p> <p>Part of the continuum includes professional foster parents that are part of the Family Foster Treatment model.</p> <p>Highland Hospital at Clarksburg WV has a new program that offers “short-term” hospital stay when children need it, but sometimes, due to lack of placement resources, the child is returned to Genesis after they go to Highland Hospital.</p> <p>Our rural state geography requires that we be creative in providing services that are difficult to access. To support this, Medicaid and BHHF (Behavioral Health and Health Facilities) are looking at “tele-help/medicine” to provide linkage for families. However, older guardians that have difficulty with technology need alternatives and/or support with the navigation of this technology.</p> <p>Treatment and placement solutions will be needed, as children are prevented from going out-of-state and for children brought them back to West Virginia.</p>	
<p><i>Since the Community Public Listening Session ended sooner, the Commission’s Old Business was presented prior to the start of the Commission’s regular meeting.</i></p>	
<p>Out-of-State Consolidated Monitoring</p> <p>Sue Hage provided the following information on the monitoring of the out-of- state facilities (2013/2014) and the schedule for 2014/2015.</p> <p>The WV DHHR and the WVDE joined efforts to develop and implement a collaborative monitoring system to review out-of-state facilities providing treatment and educational services to WV youth.</p> <p>These reviews are getting more difficult for the DHHR because we do not</p>	

<p>have additional resources (staff) assigned to do them.</p> <p><i>Discussion:</i></p> <p>The Bureau for Medical Services (BMS) is not opening any more out-of-state PRTFs unless we cannot offer the service in-state to children in DHHR custody.</p> <p>The WV Department of Education works with the out-of-state facilities daily to discuss the specific standards as well as their interpretation and implication.</p> <p>The BMS is also looking to see what other states are doing regarding parental placements. They are finding that some states' Medicaid systems are stricter with what they allow. Over time, we will continue to change the system to keep children placed in-state.</p> <p>We need to address disrupted adoption and those services needed. Children's Mental Health is developing a system so parents do not have to give up their children. We know that trauma impacts children years later after adoption. We need to look at the adopted children that come into our system due to incorrigibility but whose adopted parents relinquish their parental rights. These children linger in care with no one. We are looking at a reporting mechanism to outline what needs to take place if an adoption fails. When adoptions fail, the Judge needs to be notified immediately.</p>	
<p>West Virginia Child Placement Network (CPN)</p> <p>Sue Hage provided an overview on the percentage of CPN vacancies to the total of all beds as requested at the March meeting.</p> <p>These documents show that we have beds available while children are going out-of-state.</p> <p>BHMF – Gap Analysis will tell us what services are available and where and what is needed. Guardians need to know what services are available. This will allow us to see where we need to develop services.</p> <p>Stephanie Bond asked if the Division of Juvenile Services (DJS) numbers included all DJS facilities. Sue will check on this and why we have openings as identified on the CPN while children are placed in DJS with mental health issues.</p> <p>Cindy Largent-Hill – Will the suspended out-of-state facilities have an impact on our in-state service. One of the facilities hasn't been used for a while and another had only a few children placed there.</p> <p>The participants were asked for suggested solutions for how their communities can effectively address the needs of out-of-home children and reduce the number of youth placed outside the home. However, we also have <i>Your Solutions</i> handout that participants can write down their suggestions.</p>	<p>❖ Sue will check to see if DJS is included in the CPN report.</p>
<p>Commission Meeting</p>	
<p><u>Opening</u></p> <p>Cabinet Secretary Karen Bowling called the regular meeting to order.</p> <p>The meeting minutes of the March 5, 2014 meeting were reviewed and approved.</p>	<p>❖ The March 5, 2014 meeting notes were approved and will be provided to members and posted on the Commission's</p>

	website: http://www.wvdhhr.org/oos_comm/
<p><u>Old Business</u></p> <ul style="list-style-type: none"> • Uniform Transition Plan <p>The Uniform Transition Plan was finalized in March 2014. The Transition Plan and memorandum (requested at the March meeting and provided in the meeting package) were sent to DHHR staff. The memorandum advises staff of the importance of transition planning; what is required to ensure transitional planning; and where this information is to be documented in the Family And Children Tracking System (FACTS).</p> <p>The transition plan needs to be made a part of our process and requested by the judicial system.</p>	
<p><u>New Business</u></p> <p>Performance Benchmarks/Definitions & Data Analysis</p> <p>The Scorecard includes the number of children and youth in West Virginia's physical and legal custody in Group Residential, Psychiatric long-term Facility and Psychiatric short-term (hospital) Facility placement. These numbers are for both in-state and out-of-state and reflect the distance these children and youth are from their county of origin. The Scorecard identifies children that are placed less than 50 miles from their home county and those placed more than 50 miles from their home county.</p> <p>Children in Congregate Care</p> <p>At the last meeting, more information was requested on the children identified in the numbers of the Scorecard.</p> <p>A concern was made that indicated the distance to George Junior (a facility located in Pennsylvania) was not being calculated correctly, and George Junior was not within 50 miles from even the most northern point in WV.</p> <p>It was explained that we no longer calculate the distance from the border (as we had in the past). The distance calculations are taken from the child's home (zip code) to the child's placement (zip code).</p> <p>The information provided on the Child Placement Network and the Scorecard/Children in Congregate Care shows that we have beds available while children are going out-of-state.</p> <p>Report on the Commission's Activities</p> <p>Secretary Bowling provided an overview of the Priority Goals and Key Accomplishments for this quarter.</p> <p>The report will highlight the activities of the Commission and its supporting stakeholders and will be provided on a quarterly basis. This report includes activities for March 2014 through May 2014.</p> <p>Sue Hage and Susan Fry provided information about the expansion of the streamlined Comprehensive Assessment and Planning System (CAPS) that includes the Child and Adolescent Needs and Strengths (CANS) assessment.</p> <p>The CAPS/CANS assessment is being expanded statewide. To kick this off, Dr. John Lyons will be providing a seminar on June 25th. Dr. Lyons will discuss what is occurring in other jurisdictions and what needs to take</p>	<p>❖ The distance data on the Scorecard will be reviewed to see if George Junior is being calculated correctly.</p>

place. Invitations to Dr. Lyons seminar have been mailed.

Dr. Lyons will also conduct a review/CANS assessment of 60 cases..

Along with the streamline CAPS and CANS utilization, the CANS Total Clinical Outcomes (T-COM) model will also be utilized to evaluate what needs to be addressed and expand services based on what is needed. We are also in a position to train and certify individuals to use the CANS assessment. Currently, there are 36 Super-Users (advanced users and provide training/certification).

Secretary Bowling provided an overview of the update on the Three Branch Institute. The full update for this quarter (dated May 2014) was provided in the meeting packet.

The Three Branch Institute Core Team include: Karen Bowling, DHHR Cabinet Secretary; Honorable Gary Johnson, Nicholas County Judge; Cindy Largent-Hill, Juvenile Justice Monitor, Cynthia Beane, Deputy Commissioner for Policy, Bureau for Medical Services; Sue Hage, Deputy Commissioner for Programs and Resource Development, Bureau for Children and Families; Senator John Unger; and Delegate Don Perdue. The Core Team will be going to Milwaukee, WI to share the West Virginia process with the other states involved in the Three Branch Institute. The overall goal for the Three Branch Institute, that takes place over 18 months, is to improve social and emotional well-being for children in care.

The workgroups of the Three Branch Institute are: Health Check Screenings, chaired by Molly Jordan; Reduction in the Number in Out of Home Care, chaired by Sue Hage; Expanding Access to Behavioral Health Services, chaired by Cindy Beane; Psychotropic Medications, chaired by Christina Mullins; and Substance Exposed Pregnancy, chaired by Kathy Paxton.

Update information includes:

The Healthcheck Screening workgroup reported an increase in the percentages of exams scheduled within a day. The percentage went from 17% in September to 31% in January. The WV Initiative for Foster Care Improvement, headed by Dr. Lewis, received a grant to include more emphasis on trauma into an assessment used by pediatricians. The pilot, scheduled to be implemented late summer, will begin with six to seven pediatricians using the new assessment. A meeting is scheduled with BMS to see how we could do this.

The Reduction in the Number in Out of Home Care workgroup is looking at pregnant youth in out-of-home care.

The demonstration IV-E Waiver application "Safe at Home WV" was accepted. At this time, we are being asked questions to clarify our application. If the waiver is approved, we will be provided technical assistance, and we will be allowed to be more flexible with the way we use IV-E funds. The waiver application requires that we select a target population. West Virginia selected youth ages 12 through 17. It is important for West Virginia to address the needs of these youth because we have more youth in congregate care than any other state, and compared to other states, we more than double the number of youth coming into care from this age range. We will know by September if the waiver has been accepted, and if accepted, we will begin implementing our goals in October. The first six months are expected to be focused on planning and developing a model to be used for the wraparound model.

<p>in out-of-home care and where these children are being educated (public or alternative schooling). The WVDE wants to ensure that the County BOE is not putting children in alternative schooling unless appropriate. The Committee is considering when this data will be collected but are looking at collecting data bi-annually. We want to see that counties are not putting them in alternative schooling unless it is appropriate.</p> <p>A clarification was made that Student Assisted Teams were available to IEP students and others (State Board Policy 2510).</p> <p>The draft brochure <i>Reaching Every Child, Educational Success for Children in Out-of-Home Care; Reconnecting Children Returning From Out-of-State Placement-Recommendations</i>; and a draft of the <i>Notice Of Vacancy</i> for a full-time transition Specialist position was distributed.</p>	
<p>Court Improvement Program (CIP) Update</p> <p>The Annual CIP Child Abuse/Neglect and Juvenile Law conference brochure, <i>From Impossible to I'm Possible</i>, was included in the meeting packet. Slots are available in Bridgeport. However, not as many are available in Charleston.</p> <p>Judge Nash came to the recent board meeting to talk about the use of psychotropic medications.</p> <p>A full review/revision of Chapter 49 was presented as Senate Bill 503 during this legislative session. However, the bill was pulled. Ad-Hoc members are being recruited to draft over two days a review and recommend revisions needed to Chapter 49. This will be re-presented during next year's legislative session. Recommendations will include adding child welfare definitions, organize structure, and make it easier to read.</p> <p>This is the second year of the New View project. There are 13 Viewers this year. The Viewers receive information on transitioning youth (as most children being reviewed are older). The predictive model for 2013 AFCARS data, looked at factors, placement, eligibility for IV-E, etc.</p> <p>When looking at permanency for children, Ms. Michelle Barclay said they are very liberal when looking at what is counted toward "achieving permanency." Some children identified were difficult to find because they either were on runaway status or no longer in out-of-home care. A database is being developed so statistical data will be available in future years. It has been reported that the Viewers help the youth feel supported. The success of New View to Georgia's Cold Case (New View was modeled after Cold Case), West Virginia is doing well.</p> <p>A case is being considered by the Supreme Court that may modify the case criteria for circuit and family courts. More information will be provided as the case progresses.</p>	<p>❖ Ideas for revisions / recommendations for Chapter 49 are to be sent to Nikki Tennis.</p>
<p><u>Commission Member Reflections/Requests</u></p> <p>Commission members thanked Genesis Youth Crisis Center for hosting the meeting, providing lunch, and providing tours of their beautiful facilities.</p> <p>Commission members thanked Genesis staff for hosting the community Commission meeting.</p> <p>The meeting adjourned shortly after 1:30 pm.</p>	

Additional information is provided in the meeting packets.	
<u>2014 Quarterly Meetings</u> September 11, 2014. December 4 2014 Meetings are from 10:30AM through 1:30PM. Lunch is provided.	

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